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Actions in follow-up to the recommendations of the International Conference on Population and Development

Flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development

Report of the Secretary-General

Summary

The present report responds to a request made by the Commission on Population and Development at its twenty-eighth session, in its provisional agenda, for an annual report on the flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development. The report also complies with General Assembly resolutions 49/128 and 50/124, in which the Assembly called for the preparation of periodic reports on the flow of financial resources for assisting in the implementation of the Programme of Action.

The report examines levels of donor and domestic expenditures for population activities in developing countries for 2011 and provides estimates for population expenditures in 2012 and projections for 2013. Donor assistance continues to increase, but this increase is not as dramatic as before. Donor assistance stood at almost $11 billion in 2010 and increased to $11.6 billion in 2011. It is projected to increase to $11.9 billion in 2012 and to $12.3 billion in 2013.

A rough estimate of resources mobilized by developing countries as a group yielded a figure of $54.7 billion for 2011. The 2012 and 2013 figures are expected to follow the same pattern, increasing to $55.4 billion in 2012 and to $58.9 billion in 2013.

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While some donors have increased funding levels, many have not been able to do so because they have been suffering from the financial crisis. Developing countries are currently funding over three fourths of population expenditures, and it is private consumers in these countries who are spending well over half of domestic resources through out-of-pocket expenditures. This has important implications with regard to access, reaching the most marginalized and slow progress in achieving targets.

Funding levels are below the amounts necessary to fully implement the Programme of Action of the International Conference on Population and Development and achieve the Millennium Development Goals. This is true for all four components of the population package costed under the International Conference on Population and Development: family planning; basic reproductive health; sexually transmitted diseases/HIV/AIDS prevention activities; and basic research, data and population and development policy analysis.

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I. Introduction

1. The present report was prepared by the United Nations Population Fund (UNFPA) in response to a request by the Commission on Population and Development at its twenty-eighth session,[1] for an annual report on the flow of financial resources for assisting in the implementation of the Programme of Action adopted at the International Conference on Population and Development held in Cairo in 1994.[2] The report is part of the programme of work of the Commission and is submitted in accordance with General Assembly resolutions 49/128 and 50/124, in which the Assembly called for the preparation of periodic reports on the flow of financial resources for assisting in the implementation of the Programme of Action.

2. The report reviews the flow of funds from donor countries for population assistance in developing countries[3] and provides estimates of governmental and non-governmental expenditures for population activities in developing countries for 2011. It also includes donor and developing country estimates for 2012 and projections for 2013. Data collection activities for both donor and domestic resource flows were undertaken by the Netherlands Interdisciplinary Demographic Institute under a contract with UNFPA. To build regional capacity to monitor resource flows, UNFPA and the Demographic Institute also work with the Indian Institute of Health Management Research and the African Population and Health Research Center in the collection of data on domestic expenditures. Evaluation and analysis of data were carried out jointly by UNFPA and the Demographic Institute.

Methodology

3. Information on international population assistance was obtained through a detailed questionnaire mailed to 121 key actors in the field of population and AIDS research, including major multilateral organizations and agencies, large private foundations and other non-governmental organizations (NGOs) that provide substantial amounts of population assistance, and the donor countries of the Development Assistance Committee of the Organization of Economic Cooperation and Development (OECD). To decrease respondent fatigue, coordinate monitoring of resource flows and ensure consistency in reporting, as much information from donor countries as possible has been obtained from the database of the Development Assistance Committee. In the absence by the publication deadline, of complete data for 2011 and 2012 from some major donors, information contained in the report is also based on estimates taking into account past funding behaviour.

4. Information on domestic resource flows is based on data supplied by Governments and non-governmental organizations in developing countries throughout the world, secondary sources and estimations and projections.

5. The external and domestic financial resource flows for population activities analysed in the report are based on the "costed population package", as specified in

[1] See *Official Records of the Economic and Social Council, 1995, Supplement No. 7* (E/1995/27), annex I, sect. III.

[2] *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

[3] All references to developing countries in this report also include countries with economies in transition.

paragraph 13.14 of the Programme of Action. The package comprises family-planning services; basic reproductive health services; sexually transmitted diseases/HIV/AIDS prevention activities;[4] and basic research, data and population and development policy analysis.

II. International assistance to population activities

6. Donor assistance to population activities continues to increase, although at a slower rate than in the past. By 2010, donor assistance stood at almost $11 billion. The provisional figure for 2011 is $11.6 billion (see table 1). Funding levels were expected to increase to $11.9 billion in 2012 and to reach $12.3 billion in 2013. It is possible that donors who continue to be affected by the global financial crisis will not be able to increase funding levels and that the final figures for 2012 and 2013 will be below the estimates set out in table 1.

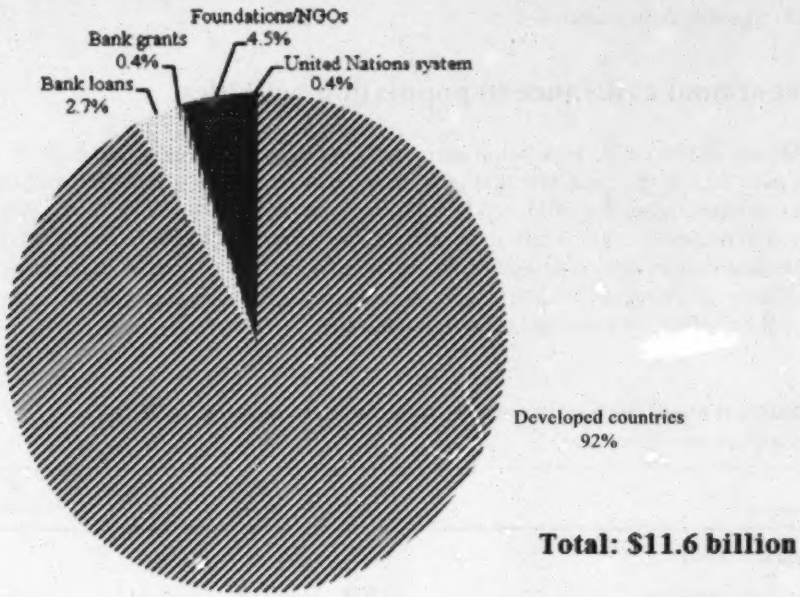
Table 1
International population assistance, by major donor category, 2010-2013
(Millions of United States dollars)

Donor category	*2010*	*2011 (Provisional)*	*2012 (Estimated)*	*2013 (Projected)*
Bilateral assistance				
Developed countries	10 079	10 685	10 814	11 200
Multilateral assistance				
United Nations system	20	44	22	22
Grants from development banks	86	43	93	96
Loans from development banks	177	313	313[a]	313[a]
Private assistance				
Foundations/NGOs	632	528	683	705
Subtotal without bank loans	**10 816**	**11 300**	**11 612**	**12 023**
Total	**10 994**	**11 613**	**11 925**	**12 336**

Source: UNFPA, 2012, *Financial Resource Flows for Population Activities in 2010* and Resource Flows Project database.
Note: Totals may not add up due to rounding.
[a] 2012-2013 figures for development bank loans are estimated at the 2011 level.

[4] Since 2008, in order to ensure one AIDS figure, all data on HIV/AIDS expenditures have been obtained directly from UNAIDS using the broader definition of AIDS.

Figure I
Population assistance by source: 2011



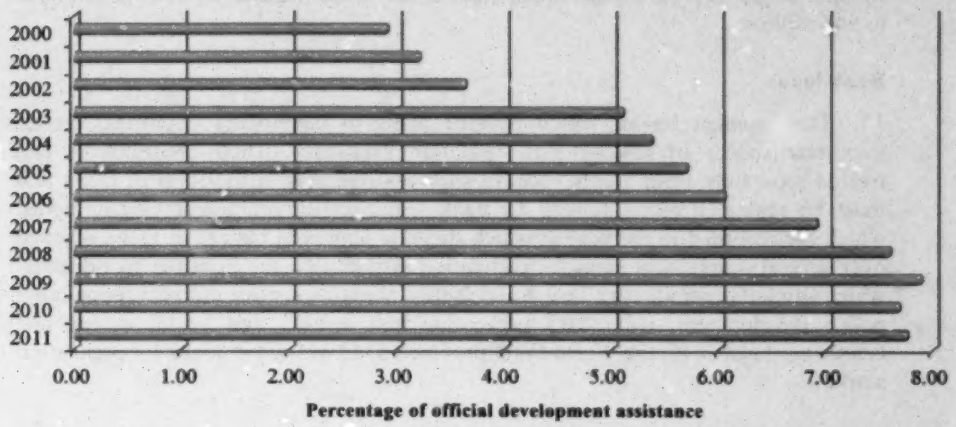
Source: Resource Flows Project database (figures are provisional).
Note: Totals may not add up due to rounding.

A. Bilateral assistance to population activities

7. Donor countries traditionally provide the largest share of population assistance. In 2011, bilateral assistance was estimated at almost $10.7 billion, an increase from almost $10 billion in 2010. Despite the financial difficulties faced by a number of donor countries, total population assistance continued to increase, although not at the same levels seen earlier. It is estimated that once all data are in population assistance from donor countries could reach $10.8 billion in 2012. Assuming a continuing upward trend, projections for 2013 place this figure at $11.2 billion.

8. According to the latest OECD figures, official development assistance (ODA) increased to $134 billion in 2011 from $128.5 billion in 2010. The percentage of total ODA that donor countries, as a group, contributed to population assistance increased to 7.77 per cent in 2011 from 7.69 per cent in 2010 (see figure II). There are significant variations from 0.07 per cent to 19.34 per cent, between countries in the percentage of ODA spent on population activities.

Figure II
Population assistance of donor countries as a percentage of ODA, 2000-2011



Source: UNFPA, 2012, *Financial Resource Flows for Population Activities in 2010*, and Resource Flows Project database.
Note: Data for 2011 are provisional.

B. Multilateral assistance to population activities

9. Multilateral assistance to population activities consists of contributions provided by the organizations and agencies of the United Nations system and grants and loans provided by development banks.

United Nations system

10. Multilateral assistance originating from within the United Nations system mainly consists of funds from UNAIDS, UNFPA and the World Health Organization (WHO). Whatever funding the United Nations agencies receive for population assistance from donor countries to the Development Assistance Committee is considered to be bilateral assistance. General funds of United Nations agencies not earmarked for population activities, interest earned on funds and money from income-generating activities that are spent on population activities are considered as multilateral assistance. Funds received from developing countries that agencies spend on population activities are a small portion of the budget of an agency and are also included as multilateral assistance. Provisional figures for multilateral assistance originating within the United Nations system show an increase, from $20 million in 2010 to $44 million in 2011.

11. UNFPA is the leading provider of United Nations assistance in the population field, providing support to 123 developing countries in 2011. UNFPA relies on voluntary contributions and follows its strategic plan 2008-2013, the goal of which is to accelerate progress towards realizing the Programme of Action and the Millennium Development Goals, focusing on three key areas: population and development; reproductive health and rights; and gender equality. The plan is results-based and specifies anticipated outcomes and indicators to measure results.

Bank grants

12. In 2011, the World Bank, the only development bank reporting expenditures for special grants programmes in population, decreased the total amount of its grants to $43 million.

Bank loans

13. Development banks, which provide loans to developing countries, are an important source of multilateral population assistance. Their contributions are treated separately from grants because such assistance is in the form of loans that must be repaid. Projects funded by bank loans reflect multi-year commitments, which are recorded in the year in which they are approved but are in fact disbursed over several years. Most loans for population assistance come from the World Bank, which supports reproductive health and family-planning service delivery, population policy development, HIV/AIDS prevention and fertility and health survey and census work. In 2011, the World Bank provided $313 million in loans for population activities.

C. Private assistance to population activities

14. Foundations, NGOs and other private organizations are also important sources of population assistance. In 2011, it is estimated that foundations and NGOs contributed $528 million to population activities, down from $632 million in 2010. Funding in 2012 and 2013 will depend on how the foundations and NGOs have weathered the global financial crisis.

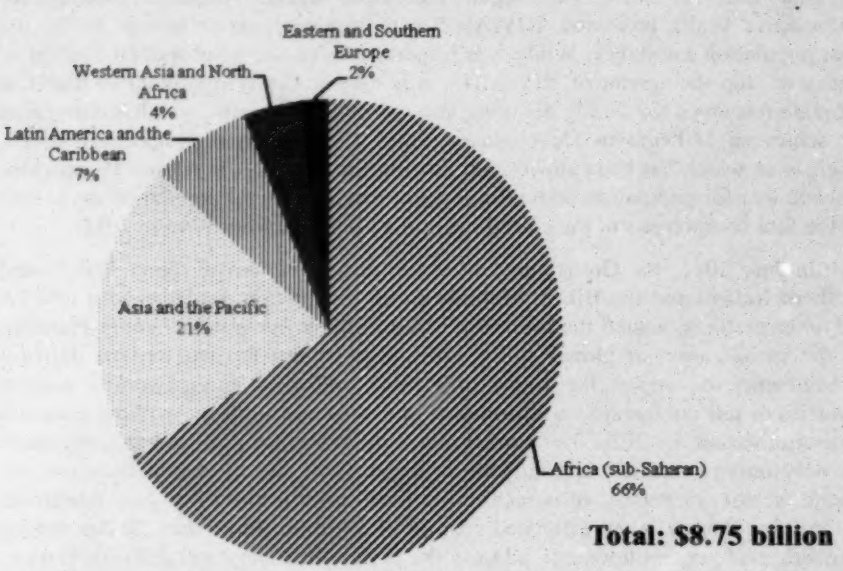
III. Expenditures for population activities

15. Figures for international population assistance reflect financial resources contributed by donors in a given year, while figures for expenditures reflect funds that have been received by developing countries in a given year. International assistance may be provided by a donor either directly to the developing country or to an intermediate donor, such as a multilateral organization or international NGO. Recipients may be the Governments of developing countries, national NGOs or the field offices operated by donors in developing countries. International population assistance for a given year does not automatically equal the expenditures in that year, since funds are not always spent in the same year in which they are received. This is particularly the case when funds are channelled through an intermediate donor. Thus, for example, funds provided by a donor to a recipient developing country in year A are included in international population assistance in year A and expenditures in year A. Funds provided by a donor to an intermediate donor in year A but spent by that intermediate donor in a recipient developing country in year B would be included under population assistance in year A and under expenditures in year B. Development bank loans are not included in expenditure figures because they reflect large blocks of loan agreements made in a single year but intended to be spent over several years.

A. Expenditures for population activities by geographic region

16. Sub-Saharan Africa, which includes the majority of the least developed countries, continues to be the largest recipient of assistance, receiving 66 per cent of all assistance going to the five geographic regions (see figure III). About 26.5 per cent of all population assistance goes to fund global and interregional population activities, including advocacy; research; reproductive health; HIV/AIDS prevention, care and support; and safe motherhood.

Figure III
Population assistance by geographic region: 2011


Eastern and Southern Europe 2%
Western Asia and North Africa 4%
Latin America and the Caribbean 7%
Asia and the Pacific 21%
Africa (sub-Saharan) 66%
Total: $8.75 billion

Source: Resource Flows Project database (figures are provisional).

B. Expenditures for population activities by category of activity

17. UNFPA monitors expenditures for population activities by the following four population categories costed under the International Conference on Population and Development: (a) family-planning services; (b) basic reproductive health services; (c) sexually transmitted diseases/HIV/AIDS prevention activities; and (d) basic research, data and population and development policy analysis.

18. The growing trend towards the integration of services and the use of sector-wide approaches in development assistance is making it increasingly difficult for countries to readily distinguish between expenditures for population and other health-related activities and, within population activities, between family planning, reproductive health and sexually transmitted diseases/HIV/AIDS prevention activities. However, while precise figures may not always be available, it is still possible to estimate the amount of resources that are spent on each of the four categories of the costed population package. Monitoring expenditures for the

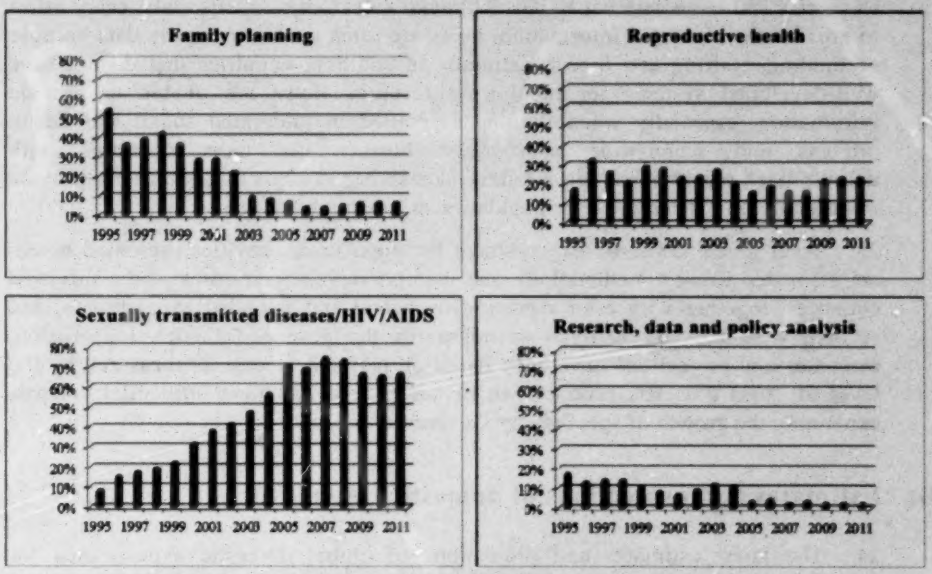
separate categories is an important component of budgeting, policymaking and programme planning.

19. When all final figures are in, compared to 2010, 2011 data are expected to show increases in funding for reproductive health and HIV/AIDS, and decreases in funding for family planning and basic data and research, even though the share of expenditures will likely stay the same as in 2010. Funding for family-planning services, which recently was increasing in absolute dollar amounts and actually surpassed the 1995 level when UNFPA first began monitoring resource flows by the four costed population categories, declined in 2011. Funding for reproductive health has increased noticeably since 2007. Funding for HIV/AIDS, which decreased for the first time in 2009, has begun increasing again. Although funding for reproductive health increased, HIV/AIDS activities continue to receive by far the most population assistance. While it is important to ensure a substantial amount of money to stop the spread of HIV/AIDS, it is also critically important to mobilize adequate resources for family planning and reproductive health, which are essential for achieving Millennium Development Goal 5, on improving maternal health, progress on which has been slower than that on the other Goals. Figure IV provides expenditures for population activities as a percentage of total population assistance for the four components of the costed population package from 1995 to 2011.

20. In July 2012, the Government of the United Kingdom of Great Britain and Northern Ireland and the Bill & Melinda Gates Foundation, together with UNFPA and other partners, hosted the groundbreaking London Summit on Family Planning for the mobilization of global policy, financing, commodity and service delivery commitments to support the rights of women and girls in the world's poorest countries to use contraceptive information, services and supplies, without coercion or discrimination, by 2020. The commitments by more than 150 leaders from donor and developing countries, international agencies, civil society, foundations and the private sector increased resources to deliver contraceptives to an additional 120 million women, at an estimated cost of $4.3 billion. More than 20 developing countries made commitments to address the policy, financing and delivery barriers to women accessing contraceptive information, services and supplies. Donors made new financial commitments to support these plans amounting to $2.6 billion, an amount exceeding the financial goal of the Summit. It is estimated that by 2020, the collective efforts will result in 200,000 fewer women dying in pregnancy and childbirth, more than 110 million fewer unintended pregnancies, over 50 million fewer abortions, and nearly 3 million fewer babies dying in their first year of life.[5]

[5] See http://www.londonfamilyplanningsummit.co.uk/1530%20FINAL%20press%20release.pdf.

Figure IV
Expenditures for population activities as a percentage of total population assistance: 1995-2011


Family planning
Reproductive health
Sexually transmitted diseases/HIV/AIDS
Research, data and policy analysis
1995 1997 1999 2001 2003 2005 2007 2009 2011

Source: UNFPA, 2012, *Financial Resource Flows for Population Activities in 2010* and Resource Flows Project database.

C. Expenditures for population activities by channel of distribution

21. Assistance for population activities flows through a diverse network, moving from the donor to the recipient developing country through one of the following channels: (a) bilateral — directly from the donor to the recipient developing country Government; (b) multilateral — through United Nations organizations and agencies; and (c) non-governmental. The NGO channel is the predominant channel for funding. In 2011, it was estimated that about 38 per cent of population assistance was channelled through NGOs, compared to 36 per cent, which was received through bilateral channels and 26 per cent, which came from multilateral sources. This trend is expected to continue in 2012 and 2013.

IV. Domestic expenditures for population activities

A. Methodology

22. The Programme of Action of the International Conference on Population and Development pointed out that the domestic resources of developing countries provide the largest portion of funds for attaining population and development objectives. The Programme estimated that two thirds of the funding required to finance population programmes would come from domestic resources. The mobilization of adequate domestic financial resources is therefore essential to facilitate full implementation of the agenda adopted in Cairo in 1994. UNFPA has

been monitoring domestic expenditures for population activities since 1997. This has been done primarily through the use of survey questionnaires sent to UNFPA country offices throughout the world for further distribution to Government ministries and large national NGOs. Although most Governments make every effort to provide the requested information, many are often unable to supply data because of funding, staffing and time constraints. In addition, countries that do not have well-developed systems for monitoring resource flows are unable to provide information, especially when funding is pooled in integrated social and health projects and sector-wide approaches. Furthermore, most countries with decentralized Governments do not have accounting systems that can easily provide information on expenditures for population at subnational levels.

23. Total global domestic expenditures for population activities presented herein are estimated using a methodology that incorporates the responses of the surveyed countries, together with prior reporting on actual and intended expenditures, and secondary sources on national spending. In the absence of such information, estimates and projections have been based on national income as measured by the level of gross domestic product, which has proved the most influential variable explaining the growth of spending by Governments.[6]

B. Estimates and projections of domestic expenditures

24. The latest estimates and projections of global domestic expenditures for population activities for the period 2011-2013 are presented in table 2. The overall levels mobilized increased considerably in 2011, to $54.7 billion, owing in large part to the large expenditures reported for family planning in China, new UNAIDS data and new data on out-of-pocket expenditures from WHO. The largest amount was mobilized in Asia ($39.4 billion), followed by sub-Saharan Africa ($6.9 billion), Eastern and Southern Europe ($4.1 billion), Latin America and the Caribbean ($3.4 billion), and Western Asia and North Africa ($952 million).

25. The figures are projected to increase further, especially if family-planning expenditures remain at the same levels: $55.4 billion in 2012 and $58.9 billion in 2013. Asia is expected to have mobilized the largest amount of financial resources in both 2012 and to continue to do so in 2013. Sub-Saharan Africa is expected to mobilize the second largest amount of funds, followed by Latin America and the Caribbean, Eastern and Southern Europe and Western Asia and North Africa.

26. It is estimated that 32 per cent of all domestic expenditures for population were spent on sexually transmitted diseases/HIV/AIDS prevention activities in 2011. This percentage varied considerably by region, from 96 per cent in Eastern and Southern Europe to 10 per cent in Asia and the Pacific.

27. Because they are often incomplete and not entirely comparable, data on domestic resource flows are rough estimates. The figures are also very much dependent on activities in a given year, so that large one-time or temporary projects may skew annual totals. Such information is useful, however, in that it provides some idea of the progress being made by developing countries in achieving the

[6] See Erik Beekink, "Financial resource flows for population and AIDS activities, 2010-2012", UNFPA/UNAIDS/Netherlands Interdisciplinary Demographic Institute Resource Flows Project, The Hague, 2013.

financial resource targets of the Programme of Action. While the figures show a real commitment on the part of developing countries, they conceal the great variation that exists among countries in their ability to mobilize resources for population activities. Most domestic resource flows originate in a few large countries. Many countries, especially those in sub-Saharan Africa and the least developed countries, which are not able to generate sufficient resources to finance their own population programmes, rely heavily on donor assistance.

Table 2
Projection of global domestic expenditures for population activities: 2011-2013
(Thousands of United States dollars)

	Source of funds				
Year	*Government*	*NGOs*	*Consumers*[a]	*Total*	*Percentage spent on sexually transmitted diseases/HIV/AIDS*
2011					
Africa (sub-Saharan)	3 244 374	119 916	3 567 490	6 931 780	95
Asia and the Pacific	11 249 700	157 910	27 944 254	39 351 864	10
Latin America and the Caribbean	2 190 262	80 799	1 133 654	3 404 715	85
Western Asia and North Africa	542 511	60 014	349 920	952 445	36
Eastern and Southern Europe	2 669 365	16 025	1 374 723	4 060 113	96
Total	**19 896 212**	**434 664**	**34 370 040**	**54 700 916**	**32**
2012					
Africa (sub-Saharan)	3 250 975	124 244	3 574 325	6 949 545	95
Asia and the Pacific	12 111 345	163 021	30 084 582	42 358 948	9
Latin America and the Caribbean	2 141 461	83 007	1 113 961	3 338 428	85
Western Asia and North Africa	574 241	62 626	370 385	1 007 252	35
Eastern and Southern Europe	1 154 684	16 114	594 662	1 765 460	92
Total	**19 232 706**	**449 012**	**35 737 916**	**55 419 634**	**28**
2013					
Africa (sub-Saharan)	3 256 879	128 392	3 580 431	6 965 702	95
Asia and the Pacific	13 087 626	168 559	32 509 662	45 765 847	9
Latin America and the Caribbean	2 155 652	85 173	1 124 654	3 365 478	84
Western Asia and North Africa	590 291	63 838	380 738	1 034 867	35
Eastern and Southern Europe	1 168 394	16 649	601 723	1 786 766	91
Total	**20 258 841**	**462 611**	**38 197 207**	**58 918 660**	**26**

Source: Resource Flows Project database; see also Erik Beekink, "Financial resource flows for population and AIDS activities, 2011-2013", The Hague, 2013.

[a] Consumer spending on population activities covers only out-of-pocket expenditures and is based on the average amount per region as measured by WHO for health-care spending in general. For each region, the ratio of private out-of-pocket versus per capita government expenditures was used to derive consumer expenditures in the case of population activities.

C. Components of domestic funding for population activities

28. Domestic funding for population activities comes primarily from Governments, national NGOs and private consumers. Governments are considered to be responsible for most domestic expenditures for population activities. However, since the level of government funding usually depends on the level of national income, Governments in least developed countries, faced with many competing development priorities, often cannot afford to make the necessary investments in population. They rely heavily on external funding from donors. National NGOs also contribute financial resources for population, but the majority of them are also highly dependent on international resources. Their main role lies in advocacy work and in reaching people at the grass-roots level.

29. Consumer spending as measured by out-of-pocket expenditures represents the largest part of resources spent on population activities. Private consumer expenditures account for a large percentage of total funding for health care. Although exact amounts of worldwide health-care spending for population activities are not known, it stands to reason that a significant proportion of expenditures for family planning, reproductive health and sexually transmitted diseases/HIV/AIDS services are borne by consumers. The few available sources of information on private spending reveal great variations between regions and countries and, in some cases, changes over time in the share of private spending within countries themselves. In estimating consumer spending, the Resource Flows Project used out-of-pocket health expenditures of households from the national health accounts figures as collected by WHO. The out-of-pocket health expenditures were assumed to be completely in line with out-of-pocket expenditures for population goods and services.

V. Funding requirements to achieve the objectives of the International Conference on Population and Development

30. To ensure adequate funding for the implementation of the Programme of Action, UNFPA reviewed the original estimates for the four categories of the costed population package and produced revised estimates to meet current needs and costs. These revised estimates, which were presented to the forty-second session of the Commission on Population and Development in 2009, are much higher than the original targets agreed upon at the Conference in 1994, because they take into account both current needs and current costs and include interventions such as AIDS treatment and care and reproductive cancer screening and treatment, which were not part of the original costed population package.

31. Table 3 provides levels of funding required to achieve the objectives of the International Conference on Population and Development. In order to fully fund the necessary sexual and reproductive health services, including family planning and HIV/AIDS services, as well as censuses, surveys, civil registration and population research and training, the international community would have needed to mobilize almost $68 billion in 2011. The costs are minimum estimates required to implement the goals set at the Conference in those areas. There will always be unspecified costs that fall outside the scope of the cost estimates, as well as adjustments for demand generation, stock maintenance and similar expenses.

Table 3
Updated International Conference on Population and Development cost estimates for the implementation of the Programme of Action, by subregion: 2009-2015
(Millions of United States dollars)

	2009	*2010*	*2011*	*2012*	*2013*	*2014*	*2015*
Global	**48 980**	**64 724**	**67 762**	**68 196**	**68 629**	**69 593**	**69 810**
Sexual/reproductive health/family planning	23 454	27 437	30 712	32 006	32 714	33 284	33 030
Family planning, direct costs	2 342	2 615	2 906	3 209	3 529	3 866	4 097
Maternal health, direct costs	6 114	7 868	9 488	11 376	13 462	15 746	18 002
Programmes and systems related costs	14 999	16 954	18 319	17 422	15 723	13 672	10 931
HIV/AIDS	23 975	32 450	33 107	33 951	34 734	35 444	36 189
Basic research/data/policy analysis	1 551	4 837	3 943	2 239	1 181	864	591
Sub-Saharan Africa	**20 063**	**27 075**	**29 473**	**29 869**	**30 292**	**30 022**	**28 980**
Sexual/reproductive health/family planning	8 482	10 612	12 596	12 675	12 764	12 184	10 731
Family planning, direct costs	329	414	506	606	713	827	931
Maternal health, direct costs	1 429	1 833	2 280	2 771	3 306	3 883	4 411
Programmes and systems related costs	6 725	8 366	9 809	9 298	8 746	7 473	5 389
HIV/AIDS	11 228	15 891	16 227	16 746	17 243	17 638	18 110
Basic research/data/policy analysis	353	571	651	449	285	200	139
Asia and the Pacific	**17 549**	**23 281**	**23 923**	**23 788**	**23 862**	**24 415**	**25 245**
Sexual/reproductive health/family planning	9 055	10 278	11 027	11 753	12 124	12 820	13 533
Family planning, direct costs	1 434	1 552	1 675	1 803	1 937	2 077	2 156
Maternal health, direct costs	2 799	3 664	4 299	5 110	6 018	7 024	8 054
Programmes and systems related costs	4 822	5 062	5 053	4 840	4 169	3 719	3 323
HIV/AIDS	7 853	10 687	10 848	11 048	11 207	11 409	11 525
Basic research/data/policy analysis	641	2 316	2 048	987	530	186	187
Latin America and Caribbean	**6 366**	**7 591**	**7 439**	**7 775**	**7 699**	**7 966**	**8 320**
Sexual/reproductive health/family planning	3 132	3 401	3 627	3 837	3 922	4 119	4 347
Family planning, direct costs	310	343	378	414	452	492	518
Maternal health, direct costs	958	1 182	1 431	1 706	2 009	2 340	2 680
Programmes and systems related costs	1 864	1 876	1 818	1 717	1 461	1 286	1 150
HIV/AIDS	3 072	3 461	3 562	3 630	3 703	3 770	3 867
Basic research/data/policy analysis	162	729	250	309	74	78	106
Western Asia and North Africa	**2 795**	**3 685**	**3 418**	**3 538**	**3 501**	**3 865**	**3 721**
Sexual/reproductive health/family planning	1 852	2 009	2 130	2 232	2 258	2 339	2 415
Family planning, direct costs	178	204	231	261	292	325	346

	2009	2010	2011	2012	2013	2014	2015
Maternal health, direct costs	603	735	873	1 019	1 171	1 328	1 471
Programmes and systems related costs	1 071	1 070	1 025	953	796	686	598
HIV/AIDS	798	1 095	1 112	1 131	1 146	1 163	1 183
Basic research/data/policy analysis	145	582	177	174	97	363	123
Eastern and Southern Europe	**2 204**	**3 091**	**3 508**	**3 226**	**3 275**	**3 326**	**3 542**
Sexual/reproductive health/family planning	933	1 137	1 334	1 510	1 645	1 824	2 004
Family planning, direct costs	91	103	116	125	135	145	146
Maternal health, direct costs	324	454	605	771	960	1 171	1 386
Programmes and systems related costs	517	579	613	614	551	508	471
HIV/AIDS	1 023	1 316	1 358	1 397	1 435	1 465	1 503
Basic research/data/policy analysis	248	638	816	320	195	38	35

Source: UNFPA, 2009, *Revised Cost Estimates for the Implementation of the Programme of Action of the International Conference on Population and Development: A Methodological Report.*

Note: UNAIDS has since updated its cost estimates for HIV/AIDS expenditures to depict a scenario that reaches coverage later than the original figures presented here. For 2009, the global figure for HIV/AIDS was $20 billion. This will increase incrementally until it reaches $37 billion in 2015, slightly higher than the original estimate.

32. The costing estimates for family planning assume that the current unmet need will be satisfied in 2015, although there is likely to be greater demand for family planning as people become more aware of the options. The costing estimates for reproductive health include antenatal care, delivery care, obstetric complications care, newborn interventions, reproductive organ cancer screening and treatment and other maternal care interventions. Sexually transmitted diseases/HIV/AIDS costing includes prevention, treatment, care and support, including specific elements to address issues of prevention of violence against women.

33. The cost estimates for the drugs, the supplies and the personnel needed to achieve the goals of the International Conference on Population and Development increase significantly over time owing to the increased number of people projected to be receiving care as service coverage is scaled up and to underlying population increases.

34. Health systems and programme costs related to family planning and reproductive health were estimated to reflect the need for a significant investment in the health systems and planning in order to achieve the goals of universal coverage set out at the International Conference on Population and Development. Without adequate investment in health systems and programmes, it will be impossible to achieve the coverage goals. Elements included in this cost estimation include programme management, supervision, health education, monitoring and evaluation, advocacy, health system infrastructure, information systems, human resources training and commodity supply systems. The cost estimates for health systems and programmes assume that the bulk of the investment will be made between 2009 and 2013. As a result of this assumption, cost estimates for the health systems and programmes elements peak in 2011 and then begin to decline. Cost estimates also include support during humanitarian crisis situations, which pose an ongoing challenge to medical systems in many countries.

35. It is thought that total costs for sexual/reproductive health, which includes the family-planning and maternal health components (including direct costs and programme and systems costs), will be $27.4 billion for 2010, that costs will peak at $33.3 billion in 2014, decreasing slightly, to $33 billion, in 2015. Total costs for the HIV/AIDS component have been estimated at $32.5 billion in 2010 and to increase each year thereafter, until they reach $36.2 billion in 2015.[7]

36. The estimates for the basic data, research and population and development policy analysis component were obtained by summing four expenditure categories: censuses, surveys, civil registration, and research and training. Census expenditures were based on per capita census costs by subregion, which varied from $1.50 in Eastern, Middle and Northern Africa to $11.70 in Southern Europe. The total was then allocated to a four-year period: 10 per cent in the year before the census; 60 per cent in the census year; and 15 per cent in each of the two years after the census. Survey costs were estimated at $1.25 or $1.50 per household, depending on the subregion, while the household sample sizes were estimated at 1 per cent, 0.5 per cent or 0.25 per cent, depending on whether the country had less than 1 million, from 1 million to 25 million or more than 25 million inhabitants. Furthermore, it was assumed that all developing countries should have a survey of this kind once every four years.

37. For civil registration costs, it was assumed that the cost of processing each event (births, deaths, marriages and divorces) and entering such information into the statistical system is one third of the per capita census costs for each subregion. The expenditures for research and training were computed as 5 per cent of the total average annual costs of the previous three categories over the period from 2005 to 2015. The updated cost estimates for the data and research component are considerably higher than the original estimates agreed upon in Cairo in 1994, primarily because they reflect the real costs of census-taking to a much larger degree than previously. This was especially true in 2010, when total expenditures reached $4.84 billion, of which $4.41 billion was spent on census expenditures. On the whole, census expenditures make up about three quarters (75.8 per cent) of the total, surveys 6.9 per cent, and civil registration 12.5 per cent. The average annual expenditure over the seven-year period is estimated to be $2.17 billion.

38. Current funding levels are below what is necessary to meet the needs in developing countries. Given the uncertainty of future funding because of the global financial crisis, full implementation of the Cairo agenda may be in jeopardy. To ensure implementation of the goals of the International Conference on Population and Development and the achievement of the Millennium Development Goals, it is necessary to increase both donor and domestic funding in all four components of the costed population package.

[7] UNAIDS has since updated its cost estimates for HIV/AIDS expenditures, revealing a scenario that reaches coverage later than the original figures presented in table 3. The global figure for 2009 for HIV/AIDS expenditures is $20 billion. This will increase incrementally, reaching $37 billion in 2015, slightly higher than the original figure.

VI. Major challenges in implementing the financial targets of the International Conference on Population and Development

39. **Impact of global financial crisis**. The global financial crisis continues to affect the amount of resources allocated to population activities. The rate of increase in population assistance has slowed down, and a number of donors that have been particularly affected by the crisis have decreased funding levels for population. Future funding levels will very much depend on the impact of the financial crisis on both donors and developing countries.

40. **Resources come from a few key players**. Population assistance originates with a few major donors, and the majority of domestic resources are mobilized in a few large developing countries. Most donor countries do not provide substantial funding for population activities, and most developing countries are not in a position to mobilize sufficient resources to fund much-needed population and AIDS programmes. Poor countries are faced with many competing development priorities, and many of them cannot afford to make the necessary investments in population.

41. **Consumers bear the larger share of expenditures for population**. Although not easy to track, spending by consumers on family planning, reproductive health and sexually transmitted diseases/HIV/AIDS services is much greater than usually assumed. In many cases, such expenditure exceeds that of Government and NGOs. Although variations exist between regions and countries, if spending on family planning, reproductive health and sexually transmitted diseases/HIV/AIDS activities is completely in line with spending on health in general, it can be assumed that consumers in developing countries pay more than half of the burden of such expenditures. Out-of-pocket spending by consumers, especially the poor, has important implications for policy initiatives aimed at reducing poverty and income inequality in the developing world.

VII. Conclusion

A. Progress in resource mobilization

42. Financial resources for population activities in developing countries stood at approximately $66.3 billion in 2011. In a most welcome development, donors contributed $11.6 billion and developing countries mobilized $54.7 billion, the greatest amount ever raised. However, before the international community becomes complacent about narrowing the gap between resources needed and funds mobilized, it should be pointed out that the considerable increase in domestic resources is the result of the large expenditure reported for 2011 for family planning in China, as well as new data for HIV/AIDS and out-of-pocket expenditures. The gap may well widen in 2013 if the 2011 family planning projects do not continue. It should be pointed out that population assistance is not increasing at the same rate as in the past, and shows definite stagnation.

43. It is essential that all donors and developing countries, not just the key players, mobilize adequate resources to stay on track and to fully close the gap so that the goals of the International Conference on Population and Development can be achieved.

44. It is especially important that adequate financial resources be mobilized to meet today's growing needs in all four areas of the costed population package. While it stands to reason that funding for family planning, reproductive health and sexually transmitted diseases/HIV/AIDS activities must be increased to ensure that the needs of all segments of the population, especially the poor, are met, it is important to point out that funding levels for basic research and data collection must also increase to meet the data demands that form the basis of programming in all areas, including family planning, reproductive health and HIV/AIDS. A solid evidence base will help to ensure proper planning and budgeting that will deliver the appropriate programmes and services to those most in need.

45. It is especially important that adequate financial resources are mobilized to meet today's growing needs in the areas of family planning, reproductive health, sexually transmitted diseases/HIV/AIDS and basic research and data. It is also important to ensure that the needs of all segments of the population, especially the poor, are met.

46. The lack of adequate funding remains a major impediment to the full implementation of the goals of the International Conference on Population and Development and the Millennium Summit.

B. The way forward

47. Population dynamics and reproductive health are central to development and must be an integral part of development planning and poverty reduction strategies. As the international community approaches the twentieth anniversary of the International Conference on Population and Development and prepares to chart a course beyond 2014, increased efforts to mobilize adequate resources on the part of all donors and developing countries, not just the key players, are essential to fully implement the population and development agenda of the Conference. All Governments, of both donor and developing countries, are encouraged to recommit themselves to implementing the objectives of the Conference and mobilizing the resources required to meet these objectives.

48. It is essential that donor countries, international agencies and developing countries continue to strengthen their efforts and their collaboration to avoid duplication, identify funding gaps and ensure that resources are used as effectively and efficiently as possible. Coordinating donor financing policies and planning procedures will help to enhance the impact and cost-effectiveness of contributions to population programmes.

49. Without adequate financial resources, we can expect that infant, child and maternal mortality, mortality owing to HIV/AIDS, high adolescent fertility and unmet needs for family planning will remain unacceptably high in many parts of the world. It is especially important to ensure that the needs of the most vulnerable populations, including the growing number of young people, are met.

50. The challenge before the international community is to mobilize the additional resources required in all areas of the costed population package: family-planning services, reproductive health services, sexually transmitted diseases/HIV/AIDS activities and basic research, data and population and development policy analysis.

Both international and domestic allocation of resources to population activities must increase from present levels to meet current needs.

51. A step in that direction was taken at the London Summit on Family Planning, convened in 2012, which raised $2 billion from developing countries and $2.6 billion from donor nations to make voluntary family planning available to an additional 120 million women and adolescent girls in developing countries by 2020. Political commitments and additional resources are necessary to meet the entire unmet need.